



Senate

File No. 931

General Assembly

January Session, 2009

(Reprint of File No. 422)

Substitute Senate Bill No. 814
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 8, 2009

**AN ACT CONCERNING PERSONAL CARE ASSISTANCE SERVICES
UNDER THE CONNECTICUT HOME CARE PROGRAM FOR THE
ELDERLY.**

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Subsection (c) of section 17b-342 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective April*
3 *1, 2010*):

4 (c) The community-based services covered under the program shall
5 include, but not be limited to, the following services to the extent that
6 they are not available under the state Medicaid plan, occupational
7 therapy, homemaker services, companion services, meals on wheels,
8 adult day care, transportation, mental health counseling, care
9 management, elderly foster care, minor home modifications and
10 assisted living services provided in state-funded congregate housing
11 and in other assisted living pilot or demonstration projects established
12 under state law. Personal care assistance services shall be covered
13 under the program to the extent that (1) such services are not available
14 under the Medicaid state plan and are more cost effective on an

15 individual client basis than existing services covered under such plan,
16 and (2) the provision of such services is approved by the federal
17 government. Recipients of state-funded services and persons who are
18 determined to be functionally eligible for community-based services
19 who have an application for medical assistance pending shall have the
20 cost of home health and community-based services covered by the
21 program, provided they comply with all medical assistance application
22 requirements. Access agencies shall not use department funds to
23 purchase community-based services or home health services from
24 themselves or any related parties.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>April 1, 2010</i>	17b-342(c)
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The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$
Department of Social Services	GF - Savings	Potential	Potential

Municipal Impact: None

Explanation

This bill as amended requires the Department of Social Services (DSS) to provide personal care assistance (PCA) services under the Connecticut Home Care program if such services are not available under the Medicaid plan and if they are more cost effective than existing Medicaid state plan services. Given the requirements of the bill, there is a potential for the state to realize savings. The extent of these savings would be dependent upon the cost and utilization of the PCA services and the scope of the offsetting savings in other service areas. These cannot be known in advance.

House "A" made clarifying changes that did not affect the fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 814 (as amended by House "A")******AN ACT CONCERNING PERSONAL CARE ASSISTANCE SERVICES UNDER THE CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY.*****SUMMARY:**

This bill requires the Department of Social Services (DSS) to provide personal care assistance (PCA) services under the Connecticut Homecare Program for Elders (CHCPE) if these services are (1) not available under the Medicaid state plan, (2) more cost effective on an individual client basis than existing Medicaid state plan services, and (3) approved by the federal government.

Currently, DSS provides PCA services only through (1) a state-funded PCA pilot program for certain qualifying seniors, (2) the PCA Medicaid waiver program for disabled adults, and (3) the acquired brain injury (ABI) Medicaid waiver program.

*House Amendment "A" replaces the bill with provisions similar to the original file (File 422), but it (1) changes the effective date from July 1, 2009 to April 1, 2010, (2) clarifies that the PCA services must be more cost effective on an individual client basis than existing Medicaid state plan services, and (3) adds the requirement that the PCA services be federally-approved.

EFFECTIVE DATE: April 1, 2010

BACKGROUND***PCA Services***

Personal care assistants provide non-medical care, such as assistance with bathing, dressing, eating, walking, toileting, or transfer

from a bed to a chair. Consumer-directed PCA services provide an alternative to nursing homes or agency-provided home care. Under these programs, participants hire their own assistants to help with personal care and activities of daily living instead of going through a home health care agency. The participant hires and manages the assistant, but a financial intermediary handles the paperwork.

State-Funded PCA Pilot Program

Under CHCPE, DSS offers consumer-directed PCA services only through a state-funded pilot program. To be eligible, individuals must be at least age 65 and meet all of CHCPE's functional and financial eligibility requirements. Participation is limited to 250 individuals. (Legislation enacted in 2007 removed the 250 person limit, but because the law requires the program to operate within available appropriations, DSS has retained the cap.)

PCA Medicaid Waiver Programs

DSS also provides consumer-directed PCA services under the Medicaid PCA waiver for disabled adults and acquired brain injury waiver. Both programs serve adults ages 18 to 64 and have only a limited number of program slots available. (2006 legislation eliminated the upper age limit for the PCA waiver program so that people who turn 65 can remain in the program if they choose.)

CHCPE

CHCPE is a Medicaid waiver and state-funded program that provides home and community-based services for qualifying individuals age 65 and older who are institutionalized or at risk of institutionalization. Services include care management, adult day care, adult foster care, homemaker services, transportation, meals-on-wheels, minor home modifications, and certain assisted living services. An "access" agency determines the most appropriate service package for each participant.

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Substitute Change of Reference
Yea 11 Nay 0 (03/05/2009)

Human Services Committee

Joint Favorable
Yea 19 Nay 0 (03/17/2009)